

TURF NEMATODE ASSAY FORM

CLIENT	*SUBMITTER
Name _____	*Name _____
Address _____	*Address _____
*City/State _____ *Zip _____	*City/State _____ *Zip _____
Phone (____) _____ Fax (____) _____	*Phone (____) _____ * Fax (____) _____
E-mail _____	*Email _____
*COUNTY _____	*Send Results To: <input type="checkbox"/> Client <input type="checkbox"/> Submitter
DATE COLLECTED _____	*By: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> FAX
Signature for cards _____	*Bill to: <input type="checkbox"/> Client <input type="checkbox"/> Submitter <input type="checkbox"/> 3rd Party

Information Needed for Correct Interpretation of Assay Results:	SERVICE TYPE	In-State	Out-of-State
*IS THIS SAMPLE FOR:	Soil extraction (standard)	<input type="checkbox"/> \$37 per sample	<input type="checkbox"/> \$47 per sample
<input type="checkbox"/> Diagnosis of problem of existing crop/plant	Mist extraction (separate charge)	<input type="checkbox"/> \$37 per sample	<input type="checkbox"/> \$47 per sample
<input type="checkbox"/> Advice for future planting	Soil and mist	<input type="checkbox"/> \$74 per sample	<input type="checkbox"/> \$94 per sample
<input type="checkbox"/> Experimental data (no diagnosis counts only)	Molecular ID	<input type="checkbox"/> \$120 per sample	<input type="checkbox"/> \$120 per sample
TURF - species and variety if known:			
*Present _____ *Age _____ (if unknown mark new or established)			
(Previous _____ Future _____ Advice use)			

SYMPTOMS: (✓) terms which describe the crop
 Plant - wilted stunted yellow decline dead
 Root - galls stunted roots root rot other _____

***(✓) ONE OF THE FOLLOWING:**


Sod Farm Golf Course Lawn Park Playing Field
 Other _____

MAIN SOIL TYPE (;) ✓ Sand Clay Muck Artificial Mix Marl other _____

Recent nematicide use, prior history of nematodes, other pertinent information

Lab Sample No. _____ Date Received _____

Sample Status: Paid IFAS Service Other (explain) _____ Or 3rd Party email _____

	PAYMENT INFORMATION	Florida: \$37 per sample Outside of Florida: \$47 per sample (soil or mist) Both soil and mist is double. Please make checks payable to University of Florida
Credit card number: _____ CVV: _____		
Name as it appears on card: _____		
Expiration date (mm/yy): _____	*Center staff only* NAL #: _____	Amount: \$ _____

List Multiple Samples Here

Grower Identification Examples: Fairway 1 Soccer Field Front Yard	Plant/Crop (Species & Variety) Examples: Petunia - Purple Haze St. Augustine - Floratam Corn - Silver Queen	Lab Sample # (Lab Use Only)	Crop Age

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